


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028800 1. Entity Name THE FENCE MEN, LLC	
---	---

FILED
Jul 25, 2008 08:00 AM
Secretary of State

Principal Place of Business 1142 PRECISION STREET HOLIDAY, FL 34691-5627	Mailing Address 1142 PRECISION STREET HOLIDAY, FL 34691-5627
--	--

DO NOT WRITE IN THIS SPACE



07212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 55-0914543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OVERMYER, LEROY
 1515 RAINVILLE STREET
 TARPON SPRINGS, FL 34689

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVERMYER, LEROY 1515 RAINVILLE STREET TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVERMYER, LEE 1153 PRECISION STREET HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000956352
07/25/08-80004-009 143.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Leroy Overmyer 7-22-08 938-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #